

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled EMI FILTER, the specification of which:

- ☒ is attached hereto.
☐ was filed on _ as Application Serial No. _ and was amended on _____.
☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

David L. Feigenbaum, Reg. No. 30,378
Robert E. Hillman, Reg. No. 22,837
Samuel Borodach, Reg. No. 38,388
Lawrence K. Kolodney, Reg. No. 43,807

Andrew T. D'Amico, Reg. No. 33,375
John F. Hayden, Reg. No. 37,460
Richard P. Ferrara, Reg. No. 30,632
Arthur S. Ortega, Reg. No. 53,422

Address all telephone calls to ANDREW T.D'AMICO at telephone number (212) 765-5070.

Direct all correspondence to DAVID L. FEIGENBAUM at
Customer Number:



26161

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: MICHAEL BRIERE

Inventor's Signature: _____ Date: _____
Residence Address: West Greenwich, RI
Citizenship: U.S.A.
Post Office Address: 681 Hazard Road
West Greenwich, RI 02817

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of Inventor: JEFFREY GORDON DUMAS

Inventor's Signature: _____ Date: _____
Residence Address: West Warnick, RI
Citizenship: U.S.A.
Post Office Address: 32 West Warwick Avenue
West Warnick, RI 02893

Full Name of Inventor: BISHARA TAHHAN

Inventor's Signature: _____ Date: _____
Residence Address: _____
Citizenship: _____
Post Office Address: _____